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MAR 09 2007

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FULWIDER PATTON
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Thomas A. Runk	(Depositor's name)
/Thomas A. Runk/	(Signature)
March 9, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/628,673

07/28/2003

William Wayne Cimino

24201-7590-74798

7109

TITLE OF INVENTION: SURGICAL SYSTEM CONSOLE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$0

\$1700

03/13/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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WILLIAMS, CATHERINE SERKE

3763

604-113000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Integra LifeSciences (Ireland) Ltd.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Dublin, IRELAND

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Thomas A. Runk/

Date March 9, 2007

Typed or printed name Thomas A. Runk

Registration No. 30,679

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